 <p>DHS MARYLAND DEPARTMENT OF HUMAN SERVICES 311 West Saratoga Street Baltimore MD 21201</p>	<p align="center">FIA ACTION TRANSMITTAL</p>
<p>Control Number: # 18-08</p>	

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISOR AND ELIGIBILITY STAFF**

FROM: NICHOLETTE SMITH-BLIGEN, EXECUTIVE DIRECTOR

**RE: TREATMENT OF HOUSEHOLDS RECEIVING PUERTO RICO'S
NUTRITION ASSISTANCE PROGRAM (NAP) WHO APPLY FOR FOOD
SUPPLEMENT PROGRAM (FSP)**

Nichollette Smith-Bligen

PROGRAM AFFECTED: FOOD SUPPLEMENT PROGRAM

ORIGINATING OFFICE: OFFICE OF PROGRAMS

SUMMARY

The State of Maryland may serve Hurricane Irma and Maria evacuees from Puerto Rico who are recipients of Puerto Rico's Nutrition Assistance Program (NAP). Due to the scope of the disaster and the current connectivity of the NAP eligibility system, FIA is issuing this action transmittal so that we can timely assist residents of Puerto Rico who were impacted by the hurricanes.

This policy is in effect until October 31, 2017.

ACTION REQUIRED

Case managers are to assist these households through the regular FSP program under regular eligibility rules, including expedited procedures as appropriate. This will assist in situations where households who were receiving NAP cannot readily close their case, but are in immediate need of food assistance. The one additional requirement is that those households must sign the attached affidavits (one in English and one in Spanish), which state that the applicant understands that no member of the household may receive benefits from both NAP and FSP simultaneously, and that the household will close its NAP case as soon as possible. Case managers are to issue these affidavits

when appropriate and upload them into ECMS.

Households that are eligible for FSP will receive a temporary benefit for a maximum of 2 months.

This policy does not waive any application processing or certification rules, but does permit households that receive NAP to apply for and receive FSP prior to closing their NAP cases.


Again, this policy is only applicable to individuals or households who were receiving NAP when they were displaced from Puerto Rico. Displaced individuals who were not receiving NAP do not need to sign the affidavit and may apply for benefits under regular FSP procedures.

CARES PROCEDURE

On the Address screen (ADDR)

- In the Special Circumstance field enter **PR**.

CHANGE	HOUSEHOLD ADDRESSES -	
ADDR	ADDR 01	
Month 11 17		REN286 10 04
17		
DO 000	EW ID REN286	Client ID 473000570
Prev DO	PPI Group	
HOH F Name GINA	M Name	L
Name TEST	Sfx	
Authorized Rep N	Prim Lang E	Visually
Impaired N	Hearing Impaired N	
Interpreter Needed N		
Residential Address		Addr Chng
DJJ Ind		
Address Line 1		
Line 2		
Street Number Dir	Name	
Type Apt		
12122	EASTERN	
AVE		
City BALTIMORE	ST MD	Zip
21215		
Phone		
Message Phone		
Mailing Address Del		
Address Line 1		
Line 2		
Street Number Dir	Name	
Type Apt		
City		ST
Zip		
Previous Addresses in last 2 years N	Special Circumstances	PR
Message		
15-lett	20-alwg 21-narr 23-alau	
24-Del		



Continue normal processing for the FSP AU. **Once the case has been approved and has gone through overnight batch** the Case Manager enters the 573 closing code on the STAT screen to ensure only two months of benefits are issued under this policy. **Note:** If the closing code is entered on the same day of the approval, the demographics to establish an EBT account may not batch to EBT.

On the **STAT** screen:

- Enter Reason Code **573** in the AU Status Reason Field

CHANGE		ASSISTANCE STATUS - STAT				STAT		A	
Month 11 17		REN286 10 04 17				01			
AU ID 150000460		Prog FS		Prog Type S		Med Cvrgr Grp		GD Part	
DO 000		EW ID REN286		Conversion Date		Issuance Method BEBT			
React		Two Parent		MOE Reason Codes		DHHM REF:			
AU AU Status		AU Stat		Appl Begin		Pd Thru 14 Day		---Penalty---	
Stat Reasons		Date		Date		Date		Override Type End Date CAP Ind	
A 573		100417		100117		100117		N	

Last Name		Rel V		Finl Resp		--Stat-- Date		Rsn Appl	
GINA		TES		SE OT		RE		A 100417	
								100117 100117	
								Begin Pd Thru St Penalty	
								Date Date Date MA Type Date	

- Fastpath to **MISC**
- Enter **Y** in the Calc Elig field
- Press enter

CHANGE		AU NON-FINANCIAL MISCELLANEOUS - MISC				MISC		A	
Month 11 17		REN286 10 04 17							
HOH Name GINA		TEST		Client ID 473000570					
AU ID 150000460		Prog FS		SAIL Ctl					
MR/QR		MR/QR		MR/QR		Calc Elig		Trial Elig	
Recd		Complete		Good Cause		Ind		HH Increm	
						Y		Y	
								FS	
								Intvw	
								Y	
								--Expedited--	
								Serv Disc Date	
								Y 101 16	
Redet Telephone		Auto Re SLAM		Lump Sum		Presump		-----Redet-----	
Compl Int		Date		Override Ind		Remain		Elig Method	
N								F	
								AD 317	
PPI Service Ref		Rsn		Date		QA Error Ind		QC	
								SR	
								AR	
Are there any unpaid medical bills?								MA Ext	
Sched Interview								Unit Number	
Del		Inquiry Date		10 21 17				Client ID	
		Appt Date						EW ID	
		Appt Begin Time (HH:MM)						Appt Type	
								Method	
		Session :						Appt End Time (HH:MM)	
L Name/Appt Remarks									
Message									
13-note 14-schs 15-lett									
20-gint 21-mish 23-alau									

- On the **Elig** screen enter **Y** in the Confirm field
- Press enter

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CHANGE                               NON-FINANCIAL ELIGIBILITY RESULTS - ELIG          ELIG    A
Month 11 17                          REN286 10 20 17                               01

AU ID 150000460   Prog FS   Prog Type S   Med Cvrgr Grp
Confirm Y  [REDACTED] Two Parent   MOE Reason Codes          DHMH Ref

  AU   AU Status   AU Stat   Appl   Begin   Pd Thru   ---Penalty---
Stat   Reasons     Date     Date     Date     Date     Type   End Date
  C    573         102017   100417

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First  Last Rel V Finl --Stat-- Rsn  Appl  Begin  Pd Thru  St Penalty  SYSAB
Name   Name      Resp   Date    Date    Date    Date    MA Type Date
GINA   TES  SE OT  RE  C 102017  573 100417

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Message 1479

1479 EDRS VERIFICATION REQUEST PENDING. REVIEW FOR CALL COMPLETION LATER
14-EDRS 20-ABAWD

- On the **FSFI** screen enter **Y** in the **Bnft Confirm** field
- **Do not** Suppress the notice
- Press enter to confirm
- Narrate your actions

CHANGE	FOOD STAMP FINANCIAL ELIGIBILITY - FSFI				FSFI	A
Month 11 17		REN286	10 20 17			
AU ID 150000460	Prog FS	Prog Type S	HH Size 01			
	Cat Elig N		Child Support Deductn	.00		
Assets			Shelter Cost	450.00	Uncapped	
Asset Limit	2000.00		Shelter Deductn	450.00	Shelter N	
Total Assets	.00		Medical Deductn	.00		
Income Test			Dep Care Deductn	.00	TFS N	
Gross Income Standard	.00		Adjusted Net Income	.00	CAP N	
Gross Earned Income	.00		Net Income Standard	.00		
Earned Income Deductn	.00		30% Adj Net Income	.00		
Net Earned Income	.00		Thrifty Food Plan	189.00		
Gross Unearned Income	.00		Grant Amount	.00		
Cash Benefit Amount	.00		Recoupment Amount	.00		
IV-D Passthru Amount	.00		Benefit Amount	.00		
Standard Deductn	152.00		Previous Benefit	189.00		
Bnft Eff Date 113017 Bnft Confirm Y Reasons 573 Budgeting Method P						
Notice Type 009 Waive Advr Act Period Notice Override Simplified Rpt Y						
Redet Begin Date 10 17 Redet End Date 03 18 MR Stat N MR Class 7 Strat N						
Message						

ATTACHMENTS

Affidavit (English and Spanish)

INQUIRIES

Please direct FSP policy questions to fia.policy@maryland.gov. For CARES questions, please contact Gina Roberts at gina.roberts@maryland.gov.

cc: Constituent Services
DHS Help Desk
FIA Management Staff

Affidavit

Affidavit for Food Supplement Program (FSP) applicants who were receiving Nutrition Assistance Program (NAP) when they were displaced from Puerto Rico due to Hurricanes Irma and Maria

Instructions: If you would like to receive Food Supplement Program (FSP) benefits and were receiving Nutrition Assistance Program (NAP) benefits in Puerto Rico, you must fill out the following information and verify that you will not participate in both programs at the same time.

NAME (Head of household):

NAME (Other members of household):

FSP APPLICATION/CASE NUMBER (If available):

CURRENT ADDRESS:

ADDRESS IN PUERTO RICO:

NAP CASE NUMBER(If available):

STATEMENT AGAINST DUPLICATE PARTICIPATION:

I understand that each member of my household may not receive benefits from the NAP or FSP at the same time. If I am found eligible for FSP benefits, I attest under penalty of perjury and disqualification that I will not participate in both programs simultaneously and will close my household's NAP case at the earliest possible opportunity.

Signature:

Date:

Declaración Jurada)

Declaración Jurada para los solicitantes de Supplemental Nutrition Assistance Program (conocido como SNAP por sus siglas en inglés, antes conocido como Cupones Para Alimentos o Food Stamp Program), quienes antes recibían beneficios del Programa de Asistencia Nutricional (PAN) y fueron desplazados de Puerto Rico a causa de los Huracanes Irma y Maria

Instrucciones: Si desea recibir beneficios de SNAP en este estado y estaba recibiendo beneficios de PAN en Puerto Rico, es necesario llenar la siguiente información y declarar que no participará en ambos programas al mismo tiempo.

NOMBRE (Jefe del hogar):

NOMBRE (Otros miembros del hogar):

NÚMERO DE SOLICITUD O CASO DE SNAP (Si lo tiene disponible):

DIRECCIÓN ACTUAL:

DIRECCIÓN DEL HOGAR EN PUERTO RICO:

NÚMERO DE CASO DE PAN (si lo tiene disponible):

DECLARACIÓN ENCONTRA DE DOBLE PARTICIPACIÓN:

Yo entiendo que ningún miembro de mi hogar recibirá beneficios de SNAP y PAN al mismo tiempo. Si determinan que soy elegible para los beneficios de SNAP, declaro bajo pena de perjurio y descalificación que no participaré en ambos programas (PAN y SNAP) al mismo tiempo. También declaro que contactaré a las oficinas de PAN para cerrar mi caso de PAN lo más pronto posible.

Firma del Solicitante:

Fecha: